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ABSTRACT

An evaluation instrument (BRIAAC) for assessing untestable children is described. The observational tool is said to be particularly appropriate for autistic and other severely withdrawn children. The BRIAAC assesses level of present function and measures behavior changes in the following areas: relationship with an adult (physically and emotionally), communication with peers and adults, drive for mastery, vocalization and expressive speech, sound and speech reception, social responsiveness, body movement, and psychobiological development (from primitive to later personality characteristics). Scoring procedures are described. (CL)

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A RATING SCALE for UNTESTABLE CHILDREN

BRIAAC

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A Rating Scale for Untestable Children:BRIAAC

Description:

BRIAAC was designed specifically for the assessment of untestable children. It is an observational tool and is particularly appropriate for use with autistic and other severely withdrawn children because it requires no interaction between the assessor and child.

The purpose of this presentation is to introduce BRIAAC as a valuable and innovative instrument for the assessment of difficult to evaluate Special Education children. A brief overview and description of BRIAAC will be given, followed by video taped examples of two BRIAAC Scales which demonstrate behaviors to be observed and rated. These examples will be followed by a short "test tape", rated by a BRIAAC Master Rater, which will be shown to participants who will be invited to do their own ratings of the tape.

The BRIAAC evaluates, by a standardized procedure, the status of a wide range of special children by assessing their present levels of function and measuring changes in their behavior in the following areas:

Relationship - This scale concerns the childs motivation to an adult. To relate to a significant adult both physically and emotionally. The range of this scale is from total unawareness or oblivion through resistiveness to physical envolvement, the development of mutuality in the relationship, to empathy.

Communication - This scale covers a childs interest in communication with both peers and adults. The range of this scale is from no sign of communication of any kind, through subtle hints and gestural attention seeking to the ability to discuss the past and the future.

Drive for Mastery - The scale assesses a childs interest in exploring objects and mastering tasks, it is not concerned with the childs' mental ability or skills. The range of the scale is from stereotypic manipulation of objects and resistance to tasks, through hesitant engagement

and fragile attention to goal oriented, self-monitoring behavior.

Vocalization and Expressive Speech - This scale measures a childs language and speech structure and differs from the communication scale which concerns aspects of both the verbal and non-verbal content of communication. The range of this scale is from essentially non-vocal throughout the observation period, through grunting, screaming, babbling and echolalia to the use of sentences of more than 3 words.

Sound and Speech Reception - This scale is concerned with a childs reaction to both sound and language in his/her environment. The range of this scale is from total obliviousness to all sounds through brief or inconsistant reactions, discrimination and localization of sounds and voices to the differentiation of subtle changes in sentences, more complex listening skills and the ability to follow multiple directions without gesture.

Social Responsiveness - This scale measures the childs response to and involvement in, the social expectations of the environment, as well as self help skills and use of them in the context of interacting with other people. The levels of this scale range from total unawareness of social demands and personal needs through a dependent attitude to basic needs, partial awareness of requirements, resistance and autonomous strivings, to sustained motivation and confromity to the social expectations of the environment.

Body Movement - This scale describes the movement behavior of the child, accounting not only for the childs individual style and repetoire of movement, but also the quality and quantity of those movements. The observer evaluates the childs' position in space, movement of the body, integration of body parts and the exertion level. Children can be rated as either passive or active and a decision must be made before the child is rated on this scale as to whether the child is basically very active or lethargic.

The levels on this scale range from total limpness or rigidity, through visual following, exploration of space and immitation, to the appropriate mobilization of the body and presence of all characteristics of normal movement.

Psychobiological Development - This scale is a description of behaviors ranging from primitive, infantile, body focused, uncontrolled and socially inappropriate involvement with self, objects and people to the development of personality characteristics which are derived from these earlier behaviors.

The primitive behaviors range from focus on the skin and the pleasure obtained from being stroked, rocking the body and smelling; or from persistant mouthing, sucking and biting of objects, and shouting, screaming or babbling. Additional primitive behaviors observed might be smearing of feces, slapping, hitting as well as general stubborness, resistiveness, ambivalence and masturbatory activities.

The personality characteristics described include a child who seeks activities, play and social interactions which provide stimulation to the body and muscles; or who is curious, exploratory, insatiable and optimistic. The child might be possessive, ritualistic and controlling or a stubborn, teasing and manipulative type of child. Others might display controlled manner toward the opposite sex.

Validity and Reliability:

The BRIAAC has been validated as a reliable instrument and published by Swetz and Zeitlinger (1978). It differs from other assessment tools because it evaluates intent and motivation rather than focusing on skills, further, it is not depended on the child's ability or inclination to cooperate and interact with the assessor.

1) Spearman Rank Correlation coefficients for the 8 scales (.85-.95) indicate a highly satisfactory reliability.
2) Content validity has been established through 15 years use; by

Validity and Reliability (cont'd):

multiple disciplines, internal consistency through intercorrelation studies and factor analysis has been determined.

3) Concurrent validity showed significance at and beyond the .01 level of confidence.

4) Preliminary construct validity studies and validity of ordering of levels has been satisfactory except for the psychobiological scale by virtue of its complexity and inclusiveness.

Method of Rating:

Each scale of BRIAAC begins (on Level I) with the most severe autistic behavior and progresses (Level 10) to behavior roughly comparable to that of a normal 3.6-4.6 year old.

The levels within these scales are arranged so that they reflect on each level, changes in the childs behavior and the progression toward more adequate (or regression to less appropriate) functioning.

In scoring a particular scale, the observer has 10 points which will be distributed among the levels on that scale according to the relative frequency of that behavior e.g., if a child is echolalic 50% of the observation period, he would be given 5 points the level that accounts for that behavior on the Vocalization Scale (#5). The total score for one scale is obtained by multiplying the number of points allotted to a level by the number of that level and summing the resulting numbers e.g.,

MASTERY SCALE L E V E L S

MASTERY SCALE 1	2	3	4	5	6	7	8	9	10	TOTAL POINTS
				7	3					53

Method of Rating (cont'd):

This child received 7 points on #5 for fragile attention span, and though she responded to easily accessible objects and focused on what she was doing, she was distractible and easily reverted to affectlessness which interfered with constructive activity.

Scores can range from 10-100. The lower scores indicate the most severe disturbance or delay; the higher scores demonstrate the least disturbance-a more adequate and appropriate functioning. Finally the scores from all 8 scales are summed in order to obtain an overall measure of the severity of disturbance.

Implications for Educators and Clinicians:

Since the adoption of the special mandate, Part B of the Education of the Handicapped Act (EHA-B) as amended by Public Laws 93-380 and 94-142, it has been the responsibility of every school district in the State of Pennsylvania to provide appropriate placement for all exceptional children over 4.7 years of age.

Educators:

Before educational classification and placement of special children can be made, an educational assessment through a variety of tests must be completed. BRIAAC would be invaluable as part of this procedure for those children who can't and/or will not cooperate with the tester, because it provides educators with a specific level of functioning in each BRIAAC scale. Teachers would be able to develop Individualized Education Plans (I.E.P.) for based on the childs BRIAAC rating, tailored to his/her individual needs.

Clinicians:

Due to the specific and descriptive nature of the BRIAAC, clinicians are able to obtain vital valuable information regarding the development of atypical children and the level at which this development has been retarded or arrested. The holistic approach of the BRIAAC addresses areas that are relevant to the development of treatment plans by a number of professional clinicians including: Psychologists, Psychiatrists, Speech Pathologists, Movement and Music Therapists.

Summary:

It is the intention of the presenter that this brief introduction to the BRIAAC will stimulate discussion and interest in this unique instrument.

Packets will be provided at the presentation for those who seek further information regarding Project "L I N K", current research, and training in BRIAAC.